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CONFIRMATION NO. 6176

<b>SERIAL NUMBER</b> 10/665,552	<b>FILING OR 371(c) DATE</b> 09/22/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1615	<b>ATTORNEY DOCKET NO.</b> 1087-RIO446 (18235-05422)
<b>APPLICANTS</b> Johannes Bartholomaeus, Aachen, GERMANY; Iris Ziegler, Rott-Roetgen, GERMANY;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/016,130 12/17/2001 ABN which is a CON of PCT/EP00/05386 06/13/2000 <i>ST</i>				
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 199 27 689.7 06/17/1999 <i>ST</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 12/12/2003				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 28
			<b>INDEPENDENT CLAIMS</b> 1	
<b>ADDRESS</b> 34456				
<b>TITLE</b> Oral administration forms for administering a fixed tramadol and diclofenac combination				
<b>FILING FEE RECEIVED</b> 894	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	